State of Wisconsin
Department of Natural Resources

FACILITY IDENTIFICATION
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-100 Rev. 12-99 Information attached? __ (y/n)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name and mailing address	Name	
	Street or Route	
	City, State, Zip Code	
2. Facility location	Street Address	
	City, County	
3. Parent corporation	Name	
	Street or Route	
	City, State, Zip Code	
	Country (if not U.S.)	
4. Responsible official	Name	
	Title	
	Telephone	
5. Permit contact person	Name	
	Title	
	Telephone	

6. SIC code:

7. Facility identification number:

8. Primary activity of the operating establishment:

9. Type of permit

☐ Construction permit

Anticipated start date for construction: __/__/__

Anticipated start date for operation: __/__/__

This application is requesting an expedited review (see instructions) ☐ Yes ☐ No

☐ Operation Permit OR ☐ Operation Permit Renewal

☐ Part 70 Source Application

☐ Non - Part 70 Source Application

☐ Synthetic Minor, Non - Part 70 Source Application

☐ Elective operation permit

10. If facility is located in an area designated as "nonattainment", indicate the pollutant for the nonattainment designation.

11. List all air pollution permits and orders issued to this facility (if a renewal application, just list those issued since the issuance date of your existing operation permit).

12. If Renewal Application: List all air pollution control permit applications you have submitted on which the Department has not yet taken action. (If no permit number has been assigned yet, indicate the date of the application)

13. If Renewal Application: List all permit exemptions received from the Department since the issuance date of your existing operation permit. (Reference these by the date of the exemption letter or the exemption number if one was assigned.)

State of Wisconsin
Department of Natural Resources

FACILITY PLOT PLAN
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-101 Rev. 12-99

Use of this form is required by the Department for any air pollution control permit application filed pursuant to ss. 285.61, 285.62 or 285.66, Wis Stats. Completion of this form is mandatory. The Department will not consider or act upon your application unless you complete and submit this form. It is not the Department's intention to use any personally identifiable information from this form for any other purpose.

In order for a comprehensive air quality analysis to be accomplished, a facility plot plan MUST be included with the permit application. If the application is for an initial operation permit, submit the elements under #2 below. If the application is for a renewal, answer #1 below first.

1. Have there been changes to the facility plot plan since the previous operation permit application was submitted?
   - ☐ No. The plot plan submitted with the original application can be used for the renewal.
   - ☐ Yes. An up-to-date plot plan is attached.

2. If there have been changes to the facility plot plan since the last operation permit application submittal, RESUBMIT an up-to-date plot plan which must include the following or the permit application will be deemed incomplete:

FOR DEPARTMENT USE ONLY

COMPLETE	INCOMPLETE	NOT APPLICABLE	
☐			1. A building layout (blueprint, plan view) including all buildings occupied by or located on the site of the facility.
☐			2. The maximum height of each building (excluding stack height).
☐			3. The location and numerical designation of each stack. Please ensure these designations correspond to the appropriate stacks listed on the other permit forms in this application.
☐			4. The location of fenced property lines (if any).
☐			5. Identify direction "North" on all submittals.
☐			6. All drawings shall be to scale and shall have the scale graphically depicted.
☐			7. An additional regional map depicting the facility location in relation to the surrounding vicinity (roads or other features) shall be included.

Are there any outdoor storage piles on the facility site? ☐ Yes ☐ No

If so, what material does the pile(s) consist of?

Are there any dirt roads or unpaved parking lots on the facility site? ☐ Yes ☐ No

State of Wisconsin
Department of Natural Resources

SOURCE AND SITE DESCRIPTIONS
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-102 Rev. 12-99 Information attached? __(y/n)

Use of this form is required by the Department for any air pollution control permit application filed pursuant to ss. 285.61, 285.62 or 285.66, Wis Stats. Completion of this form is mandatory. The Department will not consider or act upon your application unless you complete and submit this form. It is not the Department's intention to use any personally identifiable information from this form for any other purpose.

1. Briefly describe the proposed project or existing Unit(s) to be permitted. Attached supplemental forms as needed.

For Renewal Applications:

1. Were any new or modified emissions units installed/modified at the facility since the last operation permit issuance date?
   - ☐ No. Proceed to form 4530-102A.
   - ☐ Yes. Answer the following questions:

2. Briefly describe any new/modified emissions units installed at the facility since the last operation permit issuance date and include the following information. Attach supplemental forms as needed.

   a. List the Department issued construction and/or operation permit number as applicable (identifying which units were covered by which permit if multiple permits issued).

      i. If operation permit application forms were submitted for the new emission unit(s) covered by the construction permit mentioned above, reference the date of that application.

      ii. For Part 70 Sources Only: If no operation permit application forms were submitted for the new emissions unit(s) covered by the construction permit mentioned above, complete the appropriate forms 4530-118 through 4530-125.

   b. Include the Department issued construction permit exemption number, if one was assigned, or reference the date of the letter of the exemption.

2. Site Description

State of Wisconsin
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SOURCE DESCRIPTION - SUPPLEMENTAL
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-102A Rev. 12-99 Information attached? __ (y/n)

Use of this form is required by the Department for any air pollution control permit application filed pursuant to ss. 285.61, 285.62 or 285.66, Wis Stats. Completion of this form is mandatory. The Department will not consider or act upon your application unless you complete and submit this form. It is not the Department's intention to use any personally identifiable information from this form for any other purpose.

1. List all significant existing or proposed air pollution units, operations, and activities at the facility. A short narrative of the inventory of air pollution emissions unit (e.g., boiler, printing line, etc.) followed by equipment specifications will suffice. If the facility consists of several individual emission units, present this information in an outline format. (See instruction booklet for an example Unit description.)

For Renewal Applications:

1. If there were any new or modified emissions units installed/modified at the facility since the last operation permit issuance date:

   a. If any of these new/modified units were exempt from construction permit requirements, but are significant emissions units and operation permit application(s) for the new unit(s) were submitted to the Department reference the date of those submittals.

   b. If any of the new/modified units are insignificant emissions units list them on form 4530-102B.

   c. If any of the new/modified emissions units do not fit any of the above categories, fill out the appropriate forms for each emissions unit as follows:

      i. For Part 70 Sources: Fill out the appropriate forms 4530-103 through 4530-133; OR

      ii. For Synthetic Minor Non Part-70 Sources and Non-Part 70 Sources: Fill out the appropriate forms 4530-103 through 4530-117 and 4530-126 through 4530-129.

State of Wisconsin
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SOURCE DESCRIPTION - SUPPLEMENTAL
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-102B Rev. 12-99 Information attached? __ (y/n)

Use of this form is required by the Department for any air pollution control permit application filed pursuant to ss. 285.61, 285.62 or 285.66, Wis Stats. Completion of this form is mandatory. The Department will not consider or act upon your application unless you complete and submit this form. It is not the Department's intention to use any personally identifiable information from this form for any other purpose.

1. Mark all insignificant existing or proposed air pollution units, operations, and activities at the facility listed below. If not listed, provide a short narrative of the inventory of air pollution emissions unit (e.g., boiler, printing line, etc.) followed by equipment specifications. If the facility consists of several individual emission units, present this information in an outline format. **For Renewal Applications, identify those that are new since the last update to your application.** (See instruction booklet for an example Unit description.)

 Maintenance of Grounds, Equipment, and Buildings (lawn care, painting, etc.)

 Boiler, Turbine, and HVAC System Maintenance

 Pollution Control Equipment Maintenance

 Internal Combustion Engines Used for Warehousing and Material Transport

 Fire Control Equipment

 Janitorial Activities

 Office Activities

 Convenience Water Heating

 Convenience Space Heating (< 5 million BTU/hr Burning Gas, Liquid, or Wood)

 Fuel Oil Storage Tanks (< 10,000 gal.)

 Stockpiled Contaminated Soils

 Demineralization and Oxygen Scavenging of Water for Boilers

 Purging of Natural Gas Lines

 Sanitary Sewer and Plumbing Venting

State of Wisconsin
Department of Natural Resources

STACK IDENTIFICATION
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-103 11-93 Information attached? __ (y/n)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:	3. Stack identification number:

4. Exhausting Unit(s), use Unit identification number from appropriate Form(s) 4530-104, 106, 107, 108 and/or 109

4530-104 4530-106 4530-107 4530-108 4530-109

5. Identify this stack on the plot plan required on Form 4530-101

6. Indicate by checking:
☐ This stack has an actual exhaust point. ☐ This stack serves to identify fugitive emissions.

If this stack has an actual exhaust point, then provide the following stack parameters

7. Discharge height above ground level: ____ (feet)

8. Inside dimensions at outlet (check one and complete):

☐ Circular ____ (feet) ☐ rectangular ____ length (feet) ____ width (feet)

9. Exhaust flow rate:

Normal _____ (ACFM) Maximum _____ (ACFM)

10. Exhaust gas temperature (normal): ____ (°F)

11. Exhaust gas moisture content: Normal ____ volume percent Maximum ____ volume percent

12. Exhaust gas discharge direction: ☐ Up ☐ Down ☐ Horizontal

13. Is this stack equipped with a rainhat or any obstruction to the free flow of the exhaust gases from the stack? ☐ Yes ☐ No

***** Complete the appropriate Air Permit Application Forms(s) 4530-104, 106, 107, 108 or 109 for each Unit ***** exhausting through this stack.

State of Wisconsin
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BOILER OR FURNACE OPERATION
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-104 11-93 Information attached? __ (y/n)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Boiler/furnace number:

4a. Unit description:

5. Indicate the boiler/furnace control technology status. ☐ Uncontrolled ☐ Controlled

If the boiler/furnace is controlled, enter the control device number(s) from the appropriate forms:

4530-110 ____ 4530-111 ____ 4530-112 ____ 4530-113 ____
4530-114 ____ 4530-115 ____ 4530-116 ____ 4530-117

6. Furnace type:	7. Maximum continuous rating: mmBTU/hr
8. Manufacturer:	9. Model number:

10. Date of construction or last modification:

11. Fuels and firing conditions:

	Primary fuel	Backup fuel #1	Backup fuel #2	Backup fuel #3
Fuel name				
Higher heating value				
Maximum sulfur content (Wt.%)				
Maximum ash content (Wt.%)				
Excess Combustion Air (%O_2)				
Moisture content (as fired) (%)				
Maximum hourly consumption				
Actual yearly consumption				

***** For this emissions unit, identify the method of compliance demonstration by completing Form 4530-118, ***** DESCRIPTION OF METHODS USED FOR DETERMINING COMPLIANCE. Attach Form 4530-118 and its attachment(s) to this form. This is not a requirement of non-Part 70 sources.

***** Please complete the Air Pollution Control Permit Application Forms 4530-126 and 4530-128 for this Unit. *****

State of Wisconsin
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STORAGE TANKS
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-105 11-93 Information attached? __ (y/n)

SEE ATTACHED SHEET FOR INSTRUCTIONS

1.Facility Name

2.Facility Identification Number

3.Storage Tank Number

4.Control Device Number (use number from appropriate Form(s) 4530-110, 111, 112, 113, 114, 115, 116, or 117)

5.Storage Tank Capacity gallons

6.Date of Installation or Last Modification

7.Tank Height feet

8.Tank Diameter feet

9.Color of Tank (check one)
__ White __ Other_____ __ Underground

10.Is this tank equipped with a submerged fill pipe?
__ Yes __ No

11.Is this tank equipped with a pressure/vacuum conservation vent?
__ Yes __ No
If yes; at what pressure is it set? _____(psia)
at what vacuum is it set? _____(psia)

12.Type of Storage Tank (check one)
__ Open Top Tank __ Fixed Roof __ Fixed Roof w/Internal Floating Roof __ Other (specify)
__ Pressurized Tank __ External Floating Roof __ Variable Vapor Space _____

13.For all Fixed Roof Tanks:

a.Tank Configuration (check one): __ Vertical (upright cylinder) __ Horizontal

b.Tank Roof Type (check one): (required if vertical was selected)
__ Cone Roof - Indicate tank roof height _____(feet)
__ Dome Roof - Indicate tank roof height _____(feet) - Indicate tank shell radius _____(feet)

14.For all Floating Roof Tanks (both internal and external) - Shell Condition (check one):
__ Light Rust __ Dense Rust __Gunite Lined

15.For External Floating Roof Tanks:
a.Tank Construction (check one): __ Welded Tank __ Riveted Tank

b.Average Wind Speed at Tank Site: _____(mph)

c.Rim Seal System Description (check one):
__ Shoe Mounted Primary __ Vapor Mounted Primary __ Liquid Mounted Primary
__ Shoe Primary, Rim Secondary __ Vapor Primary, Rim Secondary __ Liquid Primary, Rim Secondary
__ Shoe Primary, Shoe Secondary __ Vapor Primary w/Weather Shield __ Liquid Primary w/Weather Shield

d.Roof Type (check one): __ Pontoon Roof __ Double Deck Roof

e.Roof Fitting Types (indicate the number of each type):

Access Hatch (24" diameter well)
____ Bolted cover, gasketed
____ Unbolted cover, ungasketed
____ Unbolted cover, gasketed

Unslotted guide-pole well (8" diameter unslotted pole, 21" diameter well)
____ Ungasketed sliding cover
____ Gasketed sliding cover

Gauge-float well (20" diameter)
____ Unbolted cover, ungasketed
____ Unbolted cover, gasketed
____ Bolted cover, gasketed

Gauge-Hatch/sample well (8" diameter)
____ Weighted mechanical actuation, gasketed
____ Weighted mechanical actuation, ungasketed

Vacuum Breaker (10" diameter well)
____ Weighted mechanical actuation, gasketed
____ Weighted mechanical actuation, ungasketed

Roof Drain (3-inch diameter)
____ Open
____ 90% closed

Slotted guide-pole/sample well (8" diameter diameter slotted pole, 21" diameter well)
____ Ungasketed sliding cover, without float
____ Ungasketed sliding cover, with float
____ Gasketed sliding cover, without float
____ Gasketed sliding cover, with float

Roof leg (3" diameter)
____ Adjustable, pontoon area
____ Adjustable, center area
____ Adjustable, double-deck roofs
____ Fixed

Roof leg(2-1/2" diameter)
____ Adjustable, pontoon area
____ Adjustable, center area
____ Adjustable, double deck roofs
____ Fixed

Continued on following page

16.For Internal Floating Roof Tanks:

a.Rim Seal System Description (check one): __ Vapor Mounted Primary __ Vapor Mounted Primary plus Secondary Seal
__ Liquid Mounted Primary __ Liquid Mounted Primary plus Secondary Seal

b.Number of Columns: _____

c.Effective Column Diameter: _____ (feet)

d.Deck Type (check one): __ Welded __ Bolted

e.Total Deck Seam Length: _____ (feet)

f.Deck Area: _____ (square feet)

g.Deck Fitting Types (indicate the number of each type):

Access Hatch (24" diameter)
____ Bolted cover, gasketed
____ Unbolted cover, gasketed
____ Unbolted cover, ungasketed

Automatic gauge float well
____ Bolted cover, gasketed
____ Unbolted cover, gasketed
____ Unbolted cover, ungasketed

Ladder Well (36" diameter)
____ Sliding cover, gasketed
____ Sliding cover, ungasketed

Column Well (24" diameter)
____ Builtup column-sliding cover, gasketed
____ Builtup column-sliding cover, ungasketed
____ Pipe column-flexible fabric sleeve seal
____ Pipe column-sliding cover, gasketed
____ Pipe column-sliding cover, ungasketed

Sample pipe or well (24" diameter)
____ Slotted pipe-sliding cover, gasketed
____ Slotted pipe-sliding cover, ungasketed
____ Sample well-slit fabric seal 10% open area
____ Stub drain (1" diameter)

Roof leg or hanger well
____ Adjustable
____ Fixed

Vacuum breaker (10" diameter)
____ Weighted mechanical actuation, gasketed
____ Weighted mechanical actuation, ungasketed

17.For Variable Vapor Space Tanks:
Volume Expansion Capacity _____ (gallons)

18.Complete the following table for materials to be stored in this tank:

Material Stored	Annual Throughput (gal/yr)	Daily Average Amount Stored (gallons)	Material Molecular Weight (lb/lb-mole)	Material Vapor Pressure (psia)	Storage Pressure (psia)	Average Storage Temperature (°F)	Material Liquid Density (lb/gal)

19.Maximum Liquid Loading Rate of Tank:
_____ (gallons)

20.Can this tank be loaded at the same time other tanks are loaded? __ Yes __ No

If yes, indicate which other tanks can be loaded at the same time:_____

21.Describe the operations this tank will serve:

State of Wisconsin
Department of Natural Resources

INCINERATION
AIR POLLUTION CONTROL PERMIT APPLICATION

Form 4530-106 11-93 Information attached? __ (y/n)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Incinerator number:

4a. Unit description:

5. Indicate the incinerator control technology status. ☐ Uncontrolled ☐ Controlled

If the incinerator is controlled, enter the control device number(s) from the appropriate form(s):

4530-110 ____ 4530-111 ____ 4530-112 ____ 4530-113 ____
4530-114 ____ 4530-115 ____ 4530-116 ____ 4530-117

6. Incinerator type

☐ Single chamber ☐ Multiple chamber ☐ Controlled air ☐ Fixed hearth ☐ Stepped hearth ☐ Rotorary kiln
☐ Other (specify)

7. Date of construction or last modification:

8. Normal operating schedule ____ hrs./day ____ days/wk. ____ days/yr.

9. Maximum operating schedule ____ hrs./day ____ days/wk. ____ days/yr.

10. Describe all materials to be burned in this unit.

Material to be burned	Origin	Weight percentage	Heating value

11. Type of incinerator charging ☐ Batch feed ☐ Continuous feed

Waste charging method Maximum Charging rate ____ lbs./hr

12. Combustion information	Design Temperature (°F)	Size (million BTU/hour)	Burner fuels
Primary chamber			
Secondary chamber			

13. Residence time of gas in the secondary chamber

14. Is this incinerator equipped with a heat recovery system? ☐ Yes ☐ No
If yes, what is the projected energy production rate? (e.g., lbs steam/hr)

15. Is this incinerator equipped with an emergency dump stack? ☐ Yes ☐ No

16. Include as attachments to this form the following information: Attached?

a. Calculations that show how the residence time of the exhaust gas in the secondary chamber was derived.
b. The energy and mass balance calculations for each waste.
c. A malfunction prevention and abatement plan.
d. Describe the start-up and shut down procedures, including their frequency.

***** For this emissions unit, identify the method of compliance demonstration by completing Form 4530-118, ***** DESCRIPTION OF METHODS USED FOR DETERMINING COMPLIANCE. Attach Form 4530-118 and its attachment(s) to this form. This is not a requirement of non-Part 70 sources.

***** Please complete the Air Pollution Control Permit Application Forms 4530-126 and 4530-128 for this Unit. *****

State of Wisconsin
Department of Natural Resources

PRINTING OPERATIONS
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-107 11-93 Information attached? __ (y/n)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Process number:

4a. Unit description:

5. Indicate the control technology status. ☐ Uncontrolled ☐ Controlled

If the process is controlled, enter the control device number(s) from the appropriate form(s):

4530-110 ____ 4530-111 ____ 4530-112 ____ 4530-113 ____
4530-114 ____ 4530-115 ____ 4530-116 ____ 4530-117

6. Operation type: ☐ Flexographic ☐ Web-offset ☐ Web-offset (non-heatset) ☐ Packaging Rotogravure
☐ Publication Rotogravure ☐ Screen printing ☐ Other (specify)

7. Date of construction or last modification:

8. Normal operating schedule: ____ hrs./day ____ days/wk. ____ days/yr.

9. Oven curing (complete if applicable):
Number of ovens _____ Specify oven fuels
Total maximum energy input to each oven: _____

10. Describe all of the inks' and solvents' composition (as applied) that are used by this unit.

Name of ink a.	Maximum usage b.		Normal usage c.	Solids % d.		VOC % e.		Water % f.		Coating or VOC Density g.	Pounds VOC/ gallon less H_2O h.
	gal/hr	gal/yr	gal/yr	W	V	W	V	W	V	lbs/gal	
Total Inks											

List the thinning solvents used with the inks identified above.

Clean-up solvents											
Clean-up solvents											
Other (specify)											

***** For this emissions unit, identify the method of compliance demonstration by completing Form 4530-118, *****
DESCRIPTION OF METHODS USED FOR DETERMINING COMPLIANCE. Attach Form 4530-118
and its attachment(s) to this form. This is not a requirement of non-Part 70 sources.

***** Please complete the Air Pollution Control Permit Application Forms 4530-126 and 4530-128 for this Unit. *****

State of Wisconsin
Department of Natural Resources

PAINTING AND COATING OPERATIONS
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-108 11-93 Information attached? __ (y/n)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Process number:

4a. Unit description:

5. Indicate the control technology status. ☐ Uncontrolled ☐ Controlled

If the process is controlled, enter the control device number(s) from the appropriate form(s):

4530-110 ____ 4530-111 ____ 4530-112 ____ 4530-113 ____
4530-114 ____ 4530-115 ____ 4530-116 ____ 4530-117

6. Application technique and transfer efficiency (%):

7. Date of construction or last modification:

8. Normal operating schedule: ____ hrs/day ____ days/wk ____ days/yr

9. Oven curing (complete if applicable):
Number of ovens _____ Specify oven fuels
Total Maximum Energy input to each oven:

10. Describe all of the coatings' and solvents' composition (as applied) that are used by this unit.

Name of coating	ct cg	T	Maximum usage		Normal usage	Solids %		VOC %		Water %		Coating or VOC Density	Pounds VOC/ gallon less H_2O
a.	b.	c.	d.		e.	f.		g.		h.		i.	j.
			gal/hr	gal/yr	gal/yr	W	V	W	V	W	V	lbs/gal	
Total coatings													
List the thinning solvents used with the coatings identified above.													
Clean-up solvents													
Clean-up solvents													
Other (specify)													

***** For this emissions unit, identify the method of compliance demonstration by completing Form 4530-118, ***** DESCRIPTION OF METHODS USED FOR DETERMINING COMPLIANCE. Attach Form 4530-118 and its attachment(s) to this form. This is not a requirement of non-Part 70 sources.

***** Please complete the Air Pollution Control Permit Application Forms 4530-126 and 4530-128 for this Unit. *****

Coating categories (ct. cg. - column b. above) should be entered as follows: 1 - for air dried coatings; 2 - for clear coatings; 3 - for cured coatings; 4 - for extreme performance coatings; 5 - for other (specify)

State of Wisconsin
Department of Natural Resources

MISCELLANEOUS PROCESSES
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-109 11-93 Information attached? _ (y/n)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Process number:

4a. Unit description:

5. Indicate the control technology status. ☐ Uncontrolled ☐ Controlled

If the process is controlled, enter the control device number(s) from the appropriate form(s):

4530-110 ____ 4530-111 ____ 4530-112 ____ 4530-113 ____
4530-114 ____ 4530-115 ____ 4530-116 ____ 4530-117

6. Source Classification Code (SCC):

7. Date of construction or last modification:

8. Normal operating schedule:____ hrs./day ____ days/wk. ____ days/yr.

9. Describe this process (please attach a flow diagram of the process).	Attached?

10. List the types and amounts of raw materials used in this process:

Material	Storage/material handling process	Average usage	Units	Maximum usage	Units
Clean-up solvents					
Other (specify)					

11. List the types and amounts of finished products:

Material	Storage/material handling process	Average amount produced	Units	Maximum amount produced	Units

12. Process fuel usage:

Type of fuel	Maximum heat input to process million BTU/hr.	Average usage	Units	Maximum usage	Units

13. Describe any fugitive emissions associated with this process, such as outdoor storage piles, unpaved roads, open conveyors, etc.:	Attached?

***** For this emissions unit, identify the method(s) of compliance demonstration by completing Form 4530-118, ***** DESCRIPTION OF METHODS USED FOR DETERMINING COMPLIANCE. Attach Form 4530-118 and its attachment(s) to this form. This is not a requirement of non-Part 70 sources.

***** Please complete the Air Pollution Control Permit Application Forms 4530-126 and 4530-128 for this Unit. *****

State of Wisconsin
Department of Natural Resources

CONTROL EQUIPMENT MISCELLANEOUS
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-110 11-93 Information attached? _ (y/n)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:
5. Control device number:	

6. Manufacturer and model number:

7. Date of installation:

8. Describe in detail the device in use. Attach a diagram of the system. Attached?

9. List the pollutants to be controlled by this equipment and the expected control efficiency for each pollutant on the table below.
 Documentation is attached?

Pollutant	Inlet pollutant concentration		Hood capture efficiency (%)	Outlet pollutant concentration		Efficiency (%)
	gr/acf	ppmv		gr/acf	ppmv	

10. Discuss how the collected material will be handled for reuse or disposal.

11. Prepare a malfunction prevention and abatement plan (if required under s. NR 439.11) for this pollution control system. Please include the following:

a. Identification of the individuals(s), by title, responsible for inspecting, maintaining and repairing this device.
b. Operation variables such as temperature that will be monitored in order to detect a malfunction or breakthrough, the correct operating range of these variables, and a detailed description of monitoring or surveillance procedures that will be used to show compliance.
c. What type of monitoring equipment will be provided (temperature sensors, pressure sensors, CEMs).
d. An inspection schedule and items or conditions that will be inspected.
e. A listing of materials and spare parts that will be maintained in inventory.
f. Is this plan available for review?

State of Wisconsin
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CONTROL EQUIPMENT-CONDENSERS
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-111 11-93 Information attached? _ (y/n)

SEE INSTRUCTIONS ON REVERSE SIDE

Section A

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:
5. Control device number:	

6. Manufacturer and model number:

7. Date of installation:

8. Describe in detail the condenser to be used. Attach a diagram of the system. Attached?

9. List the pollutants to be controlled by this equipment and the expected control efficiency for each pollutant on the table below.
☐ Documentation is attached

Pollutant	Inlet pollutant concentration		Hood capture efficiency (%)	Outlet pollutant concentration		Efficiency (%)
	gr/acf	ppmv		gr/acf	ppmv	

10. Discuss how the collected material will be handled for reuse or disposal.

11. Prepare a malfunction prevention and abatement plan (if required under s. NR 439.11) for this pollution control system. Please include the following:
    a. Identification of the individuals(s), by title, responsible for inspecting, maintaining and repairing this device.
    b. Operation variables such as temperature that will be monitored in order to detect a malfunction or breakthrough, the correct operating range of these variables, and a detailed description of monitoring or surveillance procedures that will be used to show compliance.
    c. What type of monitoring equipment will be provided (temperature sensors, pressure sensors, CEMs).
    d. An inspection schedule and items or conditions that will be inspected.
    e. A listing of materials and spare parts that will be maintained in inventory.
    f. Is this plan available for review?

Section B

The following questions must be answered by sources installing new equipment or existing Units that cannot document control efficiency of this device by other means.

12. Average specific heat of the condensing medium (BTU/lb/°F):	13. Pressure drop range across the coolant (psia):
14. Mass flow rate of condensing medium (lb/hr):	15. Temperatures of the condensing medium (°F): T(inlet) ____ T(outlet)
16. Composition of the condensing medium:	17. Mass flow rate of the vapor stream (lb/hr):
18. Average specific heat of the vapor stream (BTU/lb/°F)	19. Inlet and outlet temperature of the vapor stream (°F)
20. Heat transfer area of the device (ft^2):	21. Heat transfer coefficient (BTU/ft^2/hr/°F)

State of Wisconsin
Department of Natural Resources

CONTROL EQUIPMENT-ADSORBERS
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-112 11-93 Information attached? _ (y/n)

SEE INSTRUCTIONS ON REVERSE SIDE

Section A

1. Facility name:
2. Facility identification number:
3. Stack identification number:
4. Unit identification number:
5. Control device number:
6. Manufacturer and model number:
7. Date of installation:
8. Describe the adsorber to be used. Attach a diagram of the system. Attached?

9. List the pollutants to be controlled by this equipment and the expected control efficiency for each pollutant on the table below.
 Documentation is attached

Pollutant	Inlet pollutant concentration		Hood capture efficiency (%)	Outlet pollutant concentration		Efficiency (%)
	gr/acf	ppmv		gr/acf	ppmv	

10. Gas flow rate (ACFM):
11. Gas temperature at the inlet (°F):
12. Bed operating temperature (°F):
13. Discuss how the collected material will be handled for reuse or disposal.

14. Prepare a malfunction prevention and abatement plan (if required under s. NR 439.11) for this pollution control system. Please include the following:
 a. Identification of the individuals(s), by title, responsible for inspecting, maintaining and repairing this device.
 b. Operation variables such as temperature that will be monitored in order to detect a malfunction or breakthrough, the correct operating range of these variables, and a detailed description of monitoring or surveillance procedures that will be used to show compliance.
 c. What type of monitoring equipment will be provided (temperature sensors, pressure sensors, CEMs).
 d. An inspection schedule and items or conditions that will be inspected.
 e. A listing of materials and spare parts that will be maintained in inventory.
 f. Is this plan available for review?

Section B

The following questions must be answered by sources installing new equipment or existing Units which cannot document control efficiency of this device by other means.

15. Describe gas pretreatment methods:
16. Breakthrough capacity in lb. vapor/lb. adsorbent:
17. Partial pressure(s) of all pollutants in the inlet gas:
18. Describe the adsorption medium:
19. Bed void space (ft^3):
20. Dimensions of the adsorption bed (ft.):
21. Porosity (%):
22. Maximum gas velocity through the device (ft./min):
23. Indicate if the bed material is disposable. Discuss method of disposal or regeneration method. Provide a schedule of bed replacement or regeneration.

State of Wisconsin
Department of Natural Resources

CONTROL EQUIPMENT-CATALYTIC OR THERMAL OXIDATION
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-113 11-93 Information attached? __ (y/n)

SEE INSTRUCTIONS ON REVERSE SIDE

Section A

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:

5. Control device number:

6. Manufacturer and model number:

7. Date of installation:

8. Describe in detail the oxidation system. Attach a blueprint or diagram of the system. Attached?

9. List the pollutants to be controlled by this equipment and the expected control efficiency for each pollutant on the table below.
☐ Documentation is attached

Pollutant	Inlet pollutant concentration		Outlet pollutant concentration		Efficiency (%)	
	gr/acf	ppmv	gr/acf	ppmv	hood capture	pollutant destruction

10: Check one: ☐ Catalytic ☐ Thermal oxidizer

11. Discuss how the spent catalyst will be handled for reuse or disposal.

12. Prepare a malfunction prevention and abatement plan (if required under s. NR 439.11) for this pollution control system. Please include the following:
   a. Identification of the individuals(s), by title, responsible for inspecting, maintaining and repairing this device.
   b. Operation variables such as temperature that will be monitored in order to detect a malfunction or breakthrough, the correct operating range of these variables, and a detailed description of monitoring or surveillance procedures that will be used to show compliance.
   c. An inspection schedule and items or conditions that will be inspected. For catalytic oxidizers, discuss the replacement and/or regeneration schedule for the bed and steps you have taken to ensure the bed's proper functioning throughout its expected lifetime.
   d. A listing of materials and spare parts that will be maintained in inventory.
   e. Is this plan available for review?

Section B

The following questions must be answered by sources installing new equipment or existing Units which cannot document control efficiency of this device by other means. (Catalytic/Thermal dependent on item 10)

Catalytic oxidation	Thermal oxidation
13a. Operating temperature (°F): Max ____ Min	b. Operating temperature (°F): Max ____ Min
14a. Catalyst bed volume (ft^3):	b. Combustion chamber volume (ft^3):
15a. Gas volumetric flow rate at combustion conditions (ACFM):	b. Maximum gas velocity through the device (ft./min):
16a. Type of fuel used:	b. Type of fuel used:
17a. Maximum fuel use:	b. Maximum fuel used:
18a. Type of catalyst used and volume of catalyst used (ft^3):	
19a. Residence time (seconds):	b. Residence time (seconds):

State of Wisconsin
Department of Natural Resources

CONTROL EQUIPMENT-CYCLONE/SETTLING CHAMBERS
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-114 11-93 Information attached? __ (y/n)

SEE INSTRUCTIONS ON REVERSE SIDE

Section A

1. Facility name:	2. Facility identification number:
3. Stack identification number	4. Unit identification number:
5. Control device number:	

6. Manufacturer and model number:

7. Date of installation:

8. Describe in detail the cyclone, multicyclone or gravity settling chamber. Attach a blueprint or diagram of the system. Attached?

9. List the pollutants to be controlled by this equipment and the expected control efficiency for each pollutant on the table below.
 Documentation is attached

Pollutant	Inlet pollutant concentration		Outlet pollutant concentration		Efficiency (%)
	gr/acf	ppmv	gr/acf	ppmv	

10. Pressure drop across the device (inches of H_2O):

11. Discuss how the collected material will be handled for reuse or disposal.

12. Prepare a malfunction prevention and abatement plan (if required under s. NR 439.11) for this pollution control system. Please include the following:
 a. Identification of the individuals(s), by title, responsible for inspecting, maintaining and repairing this device.
 b. Operation variables such as pressure drop that will be monitored in order to detect a malfunction or breakthrough, the correct operating range of these variables, and a detailed description of monitoring or surveillance procedures that will be used to show compliance.
 c. An inspection schedule and items or conditions that will be inspected.
 d. A listing of materials and spare parts that will be maintained in inventory.
 e. Is this plan available for review?

Section B

The following questions must be answered by sources installing new equipment or existing Units which cannot document control efficiency of this device by other means.

13. Device dimensions:	14. Gas flow rate (ACFM):
15. Inlet gas velocity (ft/sec):	16. Inlet gas temperature (°F):
17. Mean particle diameter (ft):	18. Particle density (lb/ft^3):

19. Number of turns (for cyclones) or number of parallel chambers (for gravity settling chamber):

State of Wisconsin
Department of Natural Resources

CONTROL EQUIPMENT-ELECTROSTATIC PRECIPITATOR
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-115 11-93 Information attached? __ (y/n)

SEE INSTRUCTIONS ON REVERSE SIDE

Section A

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:
5. Control device number:	

6. Manufacturer and model number:

7. Date of installation:

8. Describe in detail the control system. Attach a blueprint or diagram of the system. Attached?

9. List the pollutants to be controlled by this equipment and the expected control efficiency for each pollutant on the table below.
 Documentation is attached

Pollutant	Inlet pollutant concentration		Outlet pollutant concentration		Efficiency (%)
	gr/acf	ppmv	gr/acf	ppmv	

10. Discuss how the collected material will be handled for reuse or disposal.

11. List the important design parameters of this device and their normal operating range (e.g., primary/secondary voltage and current, spark rate of each field).

12. Prepare a malfunction prevention and abatement plan (if required under s. NR 439.11) for this pollution control system. Please include the following:
 a. Identification of the individuals(s), by title, responsible for inspecting, maintaining and repairing this device.
 b. Operation variables that will be monitored in order to detect a malfunction or breakthrough, the correct operating range of these variables, and a detailed description of monitoring or surveillance procedures that will be used to show compliance.
 c. Cleaning method (mechanical rapping, magnetic impulse rappers, water sprays, etc.).
 d. An inspection schedule and items or conditions that will be inspected.
 e. A listing of materials and spare parts that will be maintained in inventory.
 f. Is this plan available for review?

Section B

The following questions must be answered by sources installing new equipment or existing Units which cannot document control efficiency of this device by other means.

13. Length, width and height of fields or tube diameter and length (ft):	14. Design particle migration velocity (ft/sec):
15. Collection area (ft^2):	16. Number of fields:
17. Inlet gas pretreatment if applicable:	18. Number and rating of transformer/rectifier sets (kilovolts and milliamperes):
19. Liquid flow rate for wet precipitators (gal/min):	20. Exhaust gas flow rate (acf/sec):

State of Wisconsin
Department of Natural Resources

CONTROL EQUIPMENT-WET COLLECTION SYSTEMS
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-116 11-93 Information attached? _ (y/n)

SEE INSTRUCTIONS ON REVERSE SIDE

Section A

1. Facility name:	2. Facility identification number
3. Stack identification number	4. Unit identification number
5. Control device number	
6. Manufacturer and model number	
7. Date of installation	

8. Describe in detail the control system. Attach a blueprint or diagram of the system. Attached?

9. List the pollutants to be controlled by this equipment and the expected control efficiency for each pollutant on the table below.
 Documentation is attached

Pollutant	Inlet pollutant concentration		Outlet pollutant concentration		Efficiency (%)
	gr/acf	ppmv	gr/acf	ppmv	

10. Discuss how the collected material will be handled for reuse or disposal.

11. Prepare a malfunction prevention and abatement plan (if required under s. NR 439.11) for this pollution control system. Please include the following:
 a. Identification of the individuals(s), by title, responsible for inspecting, maintaining and repairing this device.
 b. Operation variables that will be monitored in order to detect a malfunction or breakthrough, the correct operating range of these variables, and a detailed description of monitoring or surveillance procedures that will be used to show compliance.
 c. An inspection schedule and items or conditions that will be inspected.
 d. A listing of materials and spare parts that will be maintained in inventory.
 e. Is this plan available for review?

Section B

The following questions must be answered by sources installing new equipment or existing Units which cannot document control efficiency of this device by other means.

12. Liquid flow rate (gal/min):	13. Pressure drop across the scrubber and demister (inches of H_2O):
14. Inlet gas flow rate (ACFM):	15. Inlet gas temperature (°F):
16. Scrubbing medium (water, sodium hydroxide slurry, etc.):	17. Liquid inlet pressure (psi):

State of Wisconsin
Department of Natural Resources

CONTROL EQUIPMENT-BAGHOUSE/FABRIC FILTERS
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-117 11-93 Information attached? __ (y/n)

SEE INSTRUCTIONS ON REVERSE SIDE

Section A

1. Facility name:
2. Facility identification number:
3. Stack identification number:
4. Unit identification number:
5. Control device number:
6. Manufacturer and model number:
7. Date of installation:
8. Describe in detail the control system. Attach a blueprint or diagram of the system. Attached?

9. List the pollutants to be controlled by this equipment and the expected control efficiency for each pollutant on the table below.
 Documentation is attached

Pollutant	Inlet pollutant concentration		Outlet pollutant concentration		Efficiency (%)
	gr/acf	ppmv	gr/acf	ppmv	

10. Discuss how the collected material will be handled for reuse or disposal.

11. Pressure drop across the filter (inches of H_2O):

12. Prepare a malfunction prevention and abatement plan (if required under s. NR 439.11) for this pollution control system. Please include the following:
    a. Identification of the individuals(s), by title, responsible for inspecting, maintaining and repairing this device.
    b. Bag cleaning techniques and frequency of cleaning or replacement schedule for filters.
    c. Operation variables that will be monitored in order to detect a malfunction or breakthrough, the correct operating range of these variables, and a detailed description of monitoring or surveillance procedures that will be used to show compliance.
    d. An inspection schedule and items or conditions that will be inspected.
    e. A listing of materials and spare parts that will be maintained in inventory.
    f. Is this plan available for review?

Section B

The following questions must be answered by sources installing new equipment or existing Units which cannot document control efficiency of this device by other means.

13. Filter medium or type of fabric material (if fabric, indicate whether felt or woven):

14. Maximum inlet gas flow rate (ACFM):
15. Maximum inlet gas temperature (°F):
16. Number of bags if applicable:
17. Dimensions of bags/filters:
18. Air to cloth ratio ($acfm/ft^2$):

State of Wisconsin
Department of Natural Resources

COMPLIANCE CERTIFICATION - MONITORING AND REPORTING
DESCRIPTION OF METHODS USED FOR DETERMINING COMPLIANCE
Form 4530-118 11-93 Information attached? __ (y/n)

All applicants except non-Part 70 sources are required to certify compliance with all applicable air pollution permit requirements by including a statement within the permit application of the methods used for determining compliance (please see sec. NR 407.05(4)(i), Wis. Adm. Code.) This statement must include a description of the monitoring, recordkeeping, and reporting requirements and test methods. In addition, the application must include a schedule for compliance certification submittals during the permit term. These submittals must be no less frequent than annually, and may need to be more frequent if specified by the underlying applicable requirement or by the Department.

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:

5. This Unit will use the following method(s) for determining compliance with the requirements of the permit (check all that apply and attach the appropriate form(s) to this form).

☐ Continuous Emission Monitoring (CEM) - Form 4530-119
Pollutant(s):

☐ Periodic Emission Monitoring Using Portable Monitors - Form 4530-120
Pollutant(s):

☐ Monitoring Control System Parameters or Operating Parameters of a Process - Form 4530-121
Pollutant(s):

☐ Monitoring Maintenance Procedures - Form 4530-122
Pollutant(s):

☐ Stack Testing - Form 4530-123
Pollutant(s):

☐ Fuel Sampling and Analysis (FSA) - Form 4530-124
Pollutant(s):

☐ Recordkeeping - Form 4530-125
Pollutant(s):

☐ Other (please describe) - Form 4530-135
Pollutant(s):

6. Compliance certification reports will be submitted to the Department according to the following schedule:

Start date:
and every _____ months thereafter.

Compliance monitoring reports will be submitted to the Department according to the following schedule:

Start date:
and every _____ months thereafter.

State of Wisconsin
Department of Natural Resources

COMPLIANCE DEMONSTRATION BY CONTINUOUS EMISSION MONITORING
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-119 11-93 Information attached? __ (y/n)

An installation plan for each new (i.e., proposed) Continuous Emission Monitoring (CEM) system shall be submitted with the permit application for Department approval. Installation plans for existing CEMs are not required to be submitted with the permit application. The installation plan shall contain the following information: the name and address of the source; the source facility identification number; a general description of the process and the control equipment; the pollutant or diluent being monitored; the manufacturer, model number, and serial number of each analyzer; the operating principles of each analyzer; a schematic of the CEM system showing the sample acquisition point and the location of the monitors; and an explanation of any deviations from the siting criteria in Performance Specifications 1,2,3,4,5,6 and 7 in 40 CFR part 60, Appendix B, incorporated by reference in ch. NR 484, Wis. Adm. Code.

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:
5. Pollutant being monitored: (If other than opacity then item 6 or 7 will be required)	
a. Name of manufacturer:	b. Model number:
c. Is this an existing system ☐ Yes ☐ No	d. Installation date:
e. Type ☐ In situ ☐ Extractive ☐ Dilution ☐ Other (specify)	
f. Describe how the monitor works:	
g. Backup system:	
h. ☐ The CEM system certification is attached for Department approval. ☐ If it is not attached, please submit it within 60 days of the startup of the CEM system. ☐ The certification was submitted to the Department on _____.	
i. ☐ A CEM system Quality Assurance/Quality Control Plan is attached for Department approval. ☐ If the plan is not attached, please submit it within 60 days of the CEM system startup. ☐ The plan was submitted to the Department on _____.	
6. Diluent being monitored:	
a. Name of manufacturer:	b. Model number:
c. Is this an existing system ☐ Yes ☐ No	d. Installation date:
e. Type ☐ In situ ☐ Extractive ☐ O2 ☐ CO2 ☐ Other (specify)	
f. Describe how the monitor works:	
g. Backup system:	
h. ☐ The CEM system certification is attached for Department approval. ☐ If it is not attached, please submit it within 60 days of the startup of the CEM system. ☐ The certification was submitted to the Department on _____.	
i. ☐ A CEM system Quality Assurance/Quality Control Plan is attached for Department approval. ☐ If the plan is not attached, please submit it within 60 days of the CEM system startup. ☐ The plan was submitted to the Department on _____.	
7. Flow	
a. Name of manufacturer:	b. Model number:
c. Is this an existing system ☐ Yes ☐ No	d. Installation date:
e. Type ☐ Differential pressure ☐ Thermal ☐ Other (specify)	
f. Describe how the monitor works:	
g. Backup system:	
h. ☐ The CEM system certification is attached for Department approval. ☐ If it is not attached, please submit it within 60 days of the startup of the CEM system. ☐ The certification was submitted to the Department on _____.	
i. ☐ A CEM system Quality Assurance/Quality Control Plan is attached for Department approval. ☐ If the plan is not attached, please submit it within 60 days of the CEM system startup. ☐ The plan was submitted to the Department on _____.	

State of Wisconsin
Department of Natural Resources

COMPLIANCE DEMONSTRATION BY PERIODIC EMISSION MONITORING
USING PORTABLE MONITORS
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-120 11-93 Information attached? __ (y/n)

The use of a portable continuous emission monitor (CEM) may be acceptable as a compliance demonstration method. A monitoring plan shall contain the following information: the name and address of the source; the source facility identification number; a general description of the process and the control equipment; the pollutant or diluent being monitored; the manufacturer, model number, and serial number of each portable monitor; the operating principles of each portable monitor; and a schematic of the CEM system showing the sample acquisition point and the location of the monitors while sampling.

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:
5. Pollutant(s) or diluent(s) being monitored:	
6. Name of manufacturer:	7. Model number:
8. Is this an existing system? ☐ Yes ☐ No	9. Installation date:
10. Type: ☐ In situ ☐ Extractive ☐ Dilution ☐ Other (specify)	
11. Describe how the monitor works:	
12. Backup system:	
13. Compliance shall be demonstrated: ☐ Daily ☐ Weekly ☐ Monthly	

14. Indicate by checking:

☐ The portable monitor certification is attached for Department approval. ☐ If it is not attached, please submit it within 60 days of the startup of the sampling program. ☐ The certification was submitted to the Department on _____.

☐ A quality assurance/quality control plan for the portable monitor is attached for Department approval. ☐ If the plan is not attached, please submit it within 60 days of the startup of the sampling program. ☐ The plan was submitted to the Department on _____.

***** Any test value over the emission limit shall be reported as an excess emission. *****

State of Wisconsin
Department of Natural Resources

COMPLIANCE DEMONSTRATION BY MONITORING CONTROL SYSTEM PARAMETERS OR OPERATING PARAMETERS OF A PROCESS
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-121 11-93 Information attached? __ (y/n)

The monitoring of a control system parameter or a process may be acceptable as a compliance demonstration method provided that a correlation between the parameter value and the emission rate of a particular pollutant is established in the form of a curve of emission rate versus parameter values. Ideally three sets of stack test data, that bracket the emission limit if possible, could be used to define the emission curve. This correlation shall constitute the certification of the system. It should be attached for Department approval. If it is not attached, please submit it within 60 days of the startup of the system.

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:
5. Pollutant(s) being monitored:	
6. Name of manufacturer:	7. Model number:
8. Is this an existing system? ☐ Yes ☐ No	9. Installation date:

10. Method of monitoring description:

11. Backup system:

12. Indicate by checking:

The monitoring system shall be subject to appropriate performance specifications, calibration requirements and quality assurance procedures. ☐ A quality assurance/quality control plan for the monitoring system is attached for Department approval. ☐ If the plan is not attached, please submit it within 60 days of the start-up of the monitoring program. ☐ The plan was submitted to the Department on _____.

13. The applicant shall propose an appropriate averaging period, (i.e., a particular number of continuous hours) for the purpose of defining excess emissions. The Department may approve the proposed averaging period, or other period which the Department determines to be appropriate. Provide the proposed averaging period(s) below.

Parameter	Averaging Period

State of Wisconsin
Department of Natural Resources

COMPLIANCE DEMONSTRATION BY MONITORING MAINTENANCE PROCEDURES
AIR POLLUTION CONTROL PERMIT APPLICATION

Form 4530-122 11-93 Information attached? __ (y/n)

The monitoring of a maintenance procedure may be acceptable as a compliance demonstration method provided that a correlation between the procedure and the emission rate of a particular pollutant is established in the form of a curve of emission rate versus the frequency the procedure is performed. VOC leak detection programs or fugitive dust control programs are examples of procedures that could be monitored. The correlation shall be established using stack test data. This correlation shall constitute the certification of the monitoring system. It should be attached for Department approval. If it is not attached, please submit it within 60 days of the startup of the monitoring program.

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:
5. Pollutant(s) being monitored:	
6. Procedure being monitored:	
7. Is this an existing maintenance procedure? ☐ Yes ☐ No	8. Installation date:
9. Method of monitoring:	
10. Compliance shall be demonstrated: ☐ Daily ☐ Weekly ☐ Monthly	

11. Indicate by checking:

The monitoring program shall be subject to appropriate performance specifications, calibration requirements, and quality assurance procedures. ☐ A quality assurance/quality control plan for the monitoring program is attached for Department approval. ☐ If the plan is not attached, please submit it within 60 days of the startup of the monitoring program. ☐ The plan was submitted to the Department on _____.

***** Any failure to fulfill a maintenance requirement shall be reported as an excess emission. *****

State of Wisconsin
Department of Natural Resources

COMPLIANCE DEMONSTRATION BY STACK TESTING
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-123 11-93

Information attached? __ (y/n)

The performance of an EPA stack test method for demonstrating compliance with an emission limitation has always been acceptable. EPA test methods contain quality assurance procedures that shall be strictly adhered to by the source. The applicant shall propose an appropriate program of stack testing for compliance demonstration. The stack testing program shall correlate with the corresponding emission limitation in terms of the frequency and duration of the stack tests. The Department may approve the proposed stack testing program, or other program which the Department determines to be appropriate. The procedures outlined in chapter NR 439 for stack test plans and procedures shall apply to stack test performed for ongoing compliance demonstration.

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:
5. Pollutant being monitored:	
6. Procedure being monitored:	
7. Is this an existing method of demonstrating compliance? ☐ Yes ☐ No	8. Installation date:
9. EPA or Department approved test method:	
10. Backup system	
11. Compliance shall be demonstrated: ☐ Daily ☐ Weekly ☐ Monthly	

***** Any measured emission rate that exceeds an emission limitation established by the permit shall be ***** reported as an excess emission.

State of Wisconsin
Department of Natural Resources

COMPLIANCE DEMONSTRATION BY FUEL SAMPLING AND ANALYSIS
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-124 11-93

Information attached? __ (y/n)

An installation plan for each fuel sampling and analysis system (FSA) may be submitted with the permit application for Department approval. The installation plan shall contain the following information: the name and address of the source; the source facility identification number; a general description of the process and the control equipment; the type of fuel being sampled; the manufacturer, model number, and serial number of each sampler; and a schematic of the FSA system showing the sample acquisition point and the location of the machine that produces the daily, weekly, or monthly composite fuel sample. A completed form 4530-124, supplemented to satisfy the requirements of this paragraph, may constitute an installation plan for a FSA system.

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:
5. Pollutant being monitored:	6. Fuel being sampled:

7. List the ASTM fuel sample collecting and analyzing methods used:

8. Is this an existing FSA system? ☐ Yes ☐ No	9. Installation date:

10. ☐ Automated sampling ☐ Manual sampling

11. Backup system?

12. Compliance shall be demonstrated: ☐ Daily ☐ Weekly ☐ Monthly

13. Indicate by checking:

☐ The FSA system certification is attached for Department approval. ☐ If the certification is not attached, please submit it within 60 days of the FSA system startup. ☐ The certification was submitted to the Department on ____.

☐ A FSA quality assurance/quality control plan for fuel sampling program is attached for Department approval. ☐ If the plan is not attached, please submit it within 60 days of the CEM startup system. ☐ The plan was submitted to the Department on _____.

***** Any composite sample over the emission limit shall be reported as an excess emission. *****

State of Wisconsin
Department of Natural Resources

COMPLIANCE DEMONSTRATION BY RECORDKEEPING
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-125 11-93

Information attached? __ (y/n)

Recordkeeping may be acceptable as a compliance demonstration method provided that a correlation between the parameter value recorded and the emission rate of a particular pollutant is established in the form of a curve or chart of emission rate versus parameter values. This correlation may constitute the certification of the system. It should be attached for Department approval. If it is not attached, please submit it within 60 days of the startup of the system.

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:
5. Pollutant(s) being monitored:	6. Material or parameter being monitored and recorded:
7. Method of monitoring and recording:	
8. List any EPA methods used:	
9. Is this an existing method of demonstrating compliance? ☐ Yes ☐ No	10. Installation date:
11. Backup system:	
12. Compliance shall be demonstrated: ☐ Daily ☐ Weekly ☐ Monthly ☐ Batch (not to exceed monthly)	

13. Indicate by checking:

The monitoring system shall be subject to appropriate performance specifications, calibration requirements, and quality assurance procedures. ☐ A quality assurance/quality control plan for the recordkeeping system is attached for Department approval. ☐ If the plan is not attached, please submit it within 60 days of the startup of the recordkeeping program. ☐ The plan was submitted to the Department on _____.

***** The compliance records shall be available for Department inspection. The format for the compliance ***** certification report and the excess emission report shall be approved by the Department. A proposed format for the compliance certification report and excess emission report shall be submitted at the same time as the application.

***** The source shall record any malfunction that causes or may cause an emission limit to be exceeded. ***** Malfunctions shall be reported to the Department the next business day. Hazardous air spills shall be reported to the Department immediately.

State of Wisconsin
Department of Natural Resources

EMISSION UNIT HAZARDOUS AIR POLLUTANT SUMMARY
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-126 11-93 Information attached? _ (y/n)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:

5. Unit material description:

6. Complete the following summary of hazardous air emissions from this unit. Attach sample calculations and emission factor references. Attached?

Pollutant CAS	Actual emissions		Maximum theoretical emissions		Potential to emit	
		Units		Units		
						TPY
						TPY
						TPY
						TPY
						TPY
						TPY
						TPY
						TPY
						TPY
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State of Wisconsin
Department of Natural Resources

FACILITY HAZARDOUS AIR POLLUTANT SUMMARY
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-127 11-93 Information attached? _ (y/n)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:

3. Complete the following emissions summary for all hazardous air emissions at this facility (as defined in ch. NR 445, Wis Adm. Code, and sec. 112, 1990 Clean Air Act Amendments):

Pollutant CAS	Actual emissions		Maximum theoretical emissions		Potential to emit	
		Units		Units		
						TPY
						TPY
						TPY
						TPY
						TPY
						TPY
						TPY
						TPY
						TPY
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						TPY
						TPY
						TPY

State of Wisconsin
Department of Natural Resources

EMISSION UNIT SUMMARY
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-128 11-93 Information attached? _ (y/n)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:

5. Complete the following emissions summary for the following pollutants. Attach sample calculations and emission factor references. Attached?

Air pollutant	Actual			Maximum theoretical emissions			Potential to emit		Maximum allowable		
		U	TPY		U	TPY				U	TPY
Particulates								TPY			
Sulfur dioxide								TPY			
Organic compounds								TPY			
Carbon monoxide								TPY			
Lead								TPY			
Nitrogen oxides								TPY			
Total reduced sulfur								TPY			
Mercury								TPY			
Asbestos								TPY			
Beryllium								TPY			
Vinyl chloride								TPY			
								TPY			
								TPY			
								TPY			
								TPY			
								TPY			

Units (U) should be entered as follows:

1 = lb/hr
2 = lb/mmBTU
3 = grains/dscf
4 = lb/ gallon
5 = ppmdv
6 = other (specify)
7 = other (specify)
8 = other (specify)

State of Wisconsin
Department of Natural Resources

FACILITY EMISSIONS SUMMARY
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-129 11-93 Information attached? _ (y/n)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:

3. Complete the following emissions summary for the listed emissions at this facility.

Air pollutant	Actual	Maximum theoretical emissions	Potential to emit	Maximum allowable
	TPY	TPY	TPY	TPY
Particulates				
Sulfur dioxide				
Organic compounds				
Carbon monoxide				
Lead				
Nitrogen oxides				
Total reduced sulfur				
Mercury				
Asbestos				
Beryllium				
Vinyl chloride				

State of Wisconsin
Department of Natural Resources

EMISSION UNIT COMPLIANCE PLAN
COMMITMENTS AND SCHEDULE
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-131 11-93 Information attached? __ (y/n)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:

5. For Units that are presently in compliance with all applicable requirements, including any enhanced monitoring and compliance certification requirements under section 114(a)(3) of the Clean Air Act that apply, complete the following. These commitments are part of the application for Part 70 permits.

☐ We will continue to operate and maintain this Unit in compliance with all applicable requirements.

☐ Form 4530-130 includes new requirements that apply or will apply to this Unit during the term of the permit. We will meet such requirements on a timely basis.

6. For Units <u>not</u> presently fully in compliance, complete the following.

☐ This Unit is in compliance with all applicable requirements except for those indicated below. We will achieve compliance according to the following schedule:

Applicable Requirement	Corrective Actions	Deadline
1.		
2.		
3.		

Progress reports will be submitted:

Start date: _____ and every six (6) months thereafter

State of Wisconsin
Department of Natural Resources

CURRENT EMISSIONS REQUIREMENTS AND STATUS OF FACILITY
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-132 11-93 Information attached? _ (y/n)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:

3. Pollutant	4. Wis. Adm. Code Wis. Stats., 40 CFR	5. State Only	6. Threshold Value	7. Compliance Status (in or out)

8. Is this facility subject to the provisions governing prevention of accidental releases of hazardous air contaminants contained in section 112(r)(7) of the Clean Air Act? ☐ Yes ☐ No

If you answered yes, please describe how you will achieve compliance with these provisions, including the requirement to formulate a plan for preventing accidental releases (sec. 112(r)(7)(B)(ii)):

9. Other requirements (e.g., malfunction reporting, special operating conditions from an existing permit, etc.)	State Only	Compliance Status (in or out)

State of Wisconsin
Department of Natural Resources

FACILITY REQUIREMENT COMPLIANCE PLAN
COMMITMENTS AND SCHEDULE
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-133 11-93 Information attached? __ (y/n)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:

3. For facilities that are presently in compliance with all applicable requirements, including any enhanced monitoring and compliance certification requirements under section 114(a)(3) of the Clean Air Act that apply, complete the following. These commitments are part of the application for Part 70 permits.

☐ We will continue to operate and maintain this facility in compliance with all applicable requirements.

☐ Form 4530-132 includes new requirements that apply or will apply to this facility during the term of the permit. We will meet such requirements on a timely basis.

4. For facilities not presently fully in compliance, complete the following.

☐ This facility is in compliance with all applicable requirements except for those indicated below. We will achieve compliance according to the following schedule:

Applicable Requirement	Corrective Actions	Deadline
1.		
2.		
3.		

Progress reports will be submitted:

Start date: _____ and every six (6) months thereafter

State of Wisconsin
Department of Natural Resources

SUPPLEMENTAL INFORMATION
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-135 11-93 Information attached? __ (y/n)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:

3. This form supplements Form 4530 - _____ for Emission Unit (e.g. B01, P01, etc.)

Additional Information	Item Number

Additional Information (Diagrams)	Item Number

State of Wisconsin
Department of Natural Resources

INDEX OF AIR POLLUTION PERMIT APPLICATION FORMS
Form 4530-134 Rev. 12-99

I.ADMINISTRATION	
This application contains the following forms:	☐Form 4530-100, Facility Identification
	☐Form 4530-101, Facility Plot Plan
	☐Forms 4530-102, -102A, and -102B, Source and Site Descriptions

II. EMISSIONS SOURCE DESCRIPTION		Total Number of This Form
This application contains the following forms (one form for each facility boiler, printing operation, etc.):	☐Form 4530-103, Stack Identification	
	☐Form 4530-104, Boiler or Furnace Operation	
	☐Form 4530-105, Storage Tanks	
	☐Form 4530-106, Incineration	
	☐Form 4530-107, Printing Operations	
	☐Form 4530-108, Painting and Coating Operations	
	☐Form 4530-109, Miscellaneous Processes	

III.AIR POLLUTION CONTROL SYSTEM		Total Number of This Form
This application contains the following forms:	☐Form 4530-110, Miscellaneous	
	☐Form 4530-111, Condensers	
	☐Form 4530-112, Adsorbers	
	☐Form 4530-113, Catalytic or Thermal Oxidation	
	☐Form 4530-114, Cyclones/Settling Chambers	
	☐Form 4530-115, Electrostatic Precipitators	
	☐Form 4530-116, Wet Collection Systems	
	☐Form 4530-117, Baghouses/Fabric Filters	

IV.COMPLIANCE DEMONSTRATION		Total Number of This Form
This application contains the following forms (one for each facility boiler, printing operation, etc.):	☐Form 4530-118, Compliance Certification - Monitoring and Reporting	
	☐Form 4530-119, Continuous Emission Monitoring	
	☐Form 4530-120, Periodic Emission Monitoring Using Portable Monitors	
	☐Form 4530-121, Control System Parameters or Operation Parameters of a Process	
	☐Form 4530-122, Monitoring Maintenance Procedures	
	☐Form 4530-123, Stack Testing	

	☐Form 4530-124, Fuel Sampling and Analysis	
	☐Form 4530-125, Recordkeeping	
V.EMISSION SUMMARY AND COMPLIANCE CERTIFICATION		Total Number of This Form
This application contains the following forms quantifying emissions, certifying compliance with applicable requirements, and developing a compliance plan	☐Form 4530-126, Emission Unit Hazardous Air Pollutant Summary	
	☐Form 4530-127, Facility Hazardous Air Pollutant Summary	
	☐Form 4530-128, Emission Unit Summary	
	☐Form 4530-129, Facility Emissions Summary	
	☐Form 4530-130, Current Emissions Requirements and Status of Unit	
	☐Form 4530-131, Emission Unit Compliance Plan - Commitments and Schedule	
	☐Form 4530-132, Current Emissions Requirements and Status of Facility	
	☐Form 4530-133, Facility Requirement Compliance Plan Commitments and Schedule	

VI.SIGNATURE OF RESPONSIBLE OFFICIAL

A.STATEMENT OF COMPLETENESS

I have reviewed this application in its entirety and, based on information and belief formed after reasonable inquiry, I certify that the statements and information contained in this application are true, accurate and complete.

B.FOR RENEWALS ONLY

I have reviewed this application, the original operation permit application dated _____, and operation permit number _____ in their entirety and, based on information and belief formed after reasonable inquiry, I certify that the statements and information contained in this renewal application are true, accurate and complete.

C.CERTIFICATION OF FACILITY COMPLIANCE STATUS (check one box only)
THIS IS NOT A REQUIREMENT OF NON-PART 70 SOURCES.

☐I certify that the facility described in this air pollution permit application is fully in compliance with all applicable requirements.

☐I certify that the facility described in this air pollution permit application is fully in compliance with all applicable requirements, except for the following emissions unit(s):

_____ .
(list all non-complying units)

Printed or Typed Name	Title
Signature	Date Signed

SEND ALL MATERIALS TO:

WISCONSIN DEPARTMENT OF NATURAL RESOURCES
BUREAU OF AIR MANAGEMENT
OPERATION PERMIT TEAM LEADER

P.O. BOX 7921
MADISON, WI 53707-7921

State of Wisconsin
Department of Natural Resources

PERMIT REVISION OR RENEWAL REQUEST
FOR PROPOSED CONDITION CHANGES
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-136 Rev. 12/99 Information attached? __ (y/n)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name and mailing address	Name	
	Street or Route	
	City, State, Zip Code	
2. New Parent corporation or Facility name (if name change being requested)	Name	
	Street or Route	
	City, State, Zip Code	
	Country (if not U.S.)	
3. Type of Permit Revision:	☐ Administrative	☐ Minor ☐ Significant

4. Facility identification number:	5. Permit #(s) to be revised:

6. Describe the proposed revision below (attach additional sheets if necessary). For a Renewal Request for Proposed Condition Changes, list the affected permit conditions here and attach additional sheets with the proposed changes identified.

7. SIGNATURE OF RESPONSIBLE OFFICIAL

A. STATEMENT OF COMPLETENESS

I have reviewed this application in its entirety and, based on information and belief formed after reasonable inquiry, I certify that the statements and information contained in this application are true, accurate and complete.

B. CERTIFICATION OF FACILITY COMPLIANCE STATUS (check one box only)
THIS IS ONLY A REQUIREMENT FOR PART 70 SOURCES REQUESTING SIGNIFICANT REVISIONS OR RENEWAL CHANGES.

☐ I certify that the facility described in this air pollution permit application is fully in compliance with all applicable requirements.

☐ I certify that the facility described in this air pollution permit application is fully in compliance with all applicable requirements, except for the following emissions unit(s):

_____ .

(list all non-complying units)

Printed or Typed Name	Title
Signature	Date Signed

If this revision is a **minor revision**, please also complete form 4530-137.

If this revision is a **significant revision**, please certify the compliance status of your facility above and complete all application forms (4530-100 through 4530-133) which are applicable to this revision.

If this is for a **Renewal Request for Proposed Condition Changes**, please attach additional sheets as necessary to identify the requested changes.